

**Exhibit 17-M: Final Project Expenditure Report  
(For State-Only Funded Projects)**

Date:

[District Local Assistance Engineer]  
Department of Transportation  
[Street or PO Box]  
[City, CA Zip Code]  
Attention: [Name]

**FINAL EXPENDITURE REPORT**

Description/Location of Work:

Project Completion Date:

Adv. Project ID (or prior EA):

Project Number:

Administering Agency-State Agreement No.:

Program Supplement No.:

State Funds Allocated:

Expenditure Incurred:

A.	Payment to Contractor (attach final pay estimate)	
B.	Other Project Costs:	
	Preliminary Engineering	
	Construction Engineering	
	Any Additional Construction	
	Right of Way (Capital and Support)	
C.	Liquidated Damages	
D.	Outstanding Contractors Claims	
E.	Others (specify):	
<b>TOTAL EXPENDITURES</b>		\$ 0.00

Sources and Amount of Additional Funds Used: [Explain]

State Funds Allocated but Not Used: [Amount and Reason]

**CERTIFICATION**

To the best of my knowledge and belief, the information in this report is a true and accurate record of project costs. The work was performed in accordance with the CTC approved scope and state funding for the project.

\_\_\_\_\_  
Local Agency's Person in Responsible Charge & Title

PROJECT VERIFICATION: This verification of completion also constitutes approval to pay costs shown in the Final Invoice included in the Report of Expenditures. I have reviewed the job site and found the project completed in accordance with the scope and description of the project authorization document.

\_\_\_\_\_  
District Local Assistance Engineer

\_\_\_\_\_  
Date